

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/009040

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2/1					53						
4		2/1					54						
5		2/1					55						
6		2/1					56						
7		2/1					57						
8		2/1					58						
9		2/1					59						
10		2/1					60						
11		2/1					61						
12		2/1					62						
13		2/1					63						
14		2/1					64						
15		2/1					65						
16		2/1					66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		2/1					73						
24		2/1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48							98						
49							99						
50							100						
TOTAL	3						TOTAL						
TOTAL	42						IND.						
TOTAL	45						DEP.						
TOTAL							CLAIMS						